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| 2025 PACIF Grant Application*A program exclusively for VLCT PACIF Members* | **VLCT USE ONLY** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_Open Recs |
|  500 \_\_\_\_\_\_\_\_\_\_\_\_ Org ID \_\_\_\_\_\_\_\_\_Open High Recs |
|  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max Award \_\_\_\_\_\_\_\_\_Prior Year Status |
|  \_\_\_\_\_\_\_\_\_% Award |
| PACIF Member Name (Municipality):  |
|       |
| Applicant Name & Title: |
|       |
| Primary Phone: |
|       |
| Applicant Email Address: |
|       |
| Department(s) equipment is intended for: |
|       |
| **If you have not read all the rules and guidelines, please do so now. Click** [**here**](https://www.vlct.org/resource/pacif-grants) **to access this document.**  |
| **1.** Specify each of the items requested and the cost for each item or groups of like items. Additional items should be listed separately on the Equipment Itemization Worksheet. Click [**here**](https://www.vlct.org/resource/pacif-grants) to access the worksheet. Be sure to include the cost of installation and/or shipping charges. **Vendor quote(s) and supporting documentation must accompany this application.** |
| **Item Description**  | **Quantity** | **Quoted** **Cost** **per Item** | **Quoted Shipping Cost** | **Are vendor quotes** **attached?** | **Quoted** **Total** **Cost** |
|       |       | $       | $       | [ ]  | $       |
|       |       | $       | $       | [ ]  | $       |
|       |       | $       | $       | [ ]  | $       |
|       |       | $       | $       | [ ]  | $       |
|       |       | $       | $       | [ ]  | $       |
| 2. Combine the *quoted total cost* of all items above and those listed on the itemization worksheet (if used). | Subtotal | $       |
| 3. Enter the amount of any external (non-VLCT PACIF) grant funds you have requested or received for the items listed above. Enter "0" if none. (e.g. funding for body armor through the USDOJ, etc.) | External Grant Total | $       |
| 4. Subtract line 3 (External Grant Total) from line 2 (Subtotal). | **Net Total Cost** | $       |
| **5**. Why is this equipment needed and how will it reduce the potential for PACIF claims? Attach additional pages if necessary. |
|  |
| Applicant Signature: | Date: |
|  |       |
| Senior Municipal Official Signature: | Date: |
|  |       |
| Senior Municipal Official Printed Name: | Senior Municipal Official Title: |
|       |       |
| **Please use the Application Checklist on page 8 of the** [**Rules & Guidelines**](https://www.vlct.org/resource/pacif-grants) **before sending this application.** |
| **Submit application, vendor quotes, supporting documentation, and questions to VLCT, Attn: Lia Gerrish.** Email to lgerrish@vlct.org; or mail to VLCT, 89 Main Street, Suite 4, Montpelier, VT 05602 |